

# ATLANTIS SWIMMING CLUB REGISTRATION FORM

## SWIMMER INFORMATION

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
DOB (MM/DD/YY): \_\_\_\_\_ AGE: \_\_\_\_\_ SEX AT BIRTH: \_\_\_\_\_ F \_\_\_\_\_ M GRADE LEVEL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

HOW DID YOU HEAR ABOUT US? (If referred by an existing member, please include their name): \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
RELATIONSHIP TO REGISTERED SWIMMER: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
RELATIONSHIP TO REGISTERED SWIMMER: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

**IF PARENT/GUARDIAN(S) LISTED ABOVE CANNOT BE REACHED, WHO SHOULD ASC CONTACT:**  
FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
RELATIONSHIP TO REGISTERED SWIMMER: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## SWIMMER MEDICAL INFORMATION

DOES THE REGISTERED SWIMMER HAVE ANY **ALLERGIES, ILLNESSES, OR DISORDERS** THAT ASC COACHES AND STAFF SHOULD BE AWARE OF?

DOES THE REGISTERED SWIMMER TAKE ANY **MEDICATIONS** THAT ASC COACHES AND STAFF SHOULD BE AWARE OF?

PRIMARY DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

## POLICIES

**I hereby** give permission to Atlantis Swimming Club to use and display any photographs taken of myself and my child that may be used on their website or other media where the image would be associated with Atlantis Swimming Club and/or RSC Foundation.

**I hereby** give permission, in my absence, for my child to receive any necessary medical treatment for injury/sickness that includes but is not limited to outpatient care and/or in-hospital treatment.

**I understand** that my child must adhere to the uniform policy and failure to do so may result in my child's suspension from any and all future practices and/or competitions.

**I understand** that my child, myself, and any accompanying spectators must adhere to the code of conduct and failure to do so may result in my child's suspension from any and all future practices and/or competitions.

**I understand** that all fees and policies listed or unlisted are subject to change without notice.

**I understand** that any and all fees are non-refundable once submitted.

**I understand** that there is a **\$150** registration fee per family that is renewed annually during the month of July.

**I understand** that I must register my child as a Premium Athlete on an annual basis with USA Swimming for insurance purposes and that those fees are out of the control of ASC.

**I understand** that all monthly fees are due by the 10th day of each month (if day 10 lands on a Sat/Sun, payments are due by the following Monday) and that failure to make my payment by this date will result in a **\$25** late fee and my child's suspension from any and all future practices and/or competitions until payment is received. If I am paying by check, my payment date is the day I hand the check to one of the ASC coaches, **NOT** the date written on the check (**e.g.**, If my check is dated 7/10/23 but I hand my check to my child's coach on 7/11/23, I will incur a \$25.00 late fee to your account). Payment can be via cash or check as well as:

- a. Payments submitted via **Zelle** must include my child's name and payment description (e.g., Jane Doe – July 2023 Fee) and be sent to the profile account under **asc\_adm@hotmail.com**. Payments made via Zelle will also be charged a **\$3 processing fee**.
- b. **Venmo** and **CashApp** payments must include my child's name and payment description (e.g., Jane Doe – July 2023 Fee) and be sent to **305-878-6535**.

**I understand** that there is no discount/credit offered for pool closings due to weather, holidays, or any circumstances out of the control of ASC.

**I understand** that in the event my payment is denied/returned, I will be responsible for all banking fees associated with the returned payment in addition to any applicable late fees.

**I understand** that my child's membership cannot be placed on hold for any period of time under any circumstances.

**I understand** that if my child needs to withdraw from the program for any length of time, upon return, the registration fee must be repaid.

**I understand** that meet entry fees are not included as part of the team registration or monthly fees and are out of the control of ASC.

**I understand** that a coach's meet fee equivalent to the swimmer's surcharge meet fee may be charged by ASC.

**I understand** that all meet fees must be paid prior to the respective meet start date by the due date ASC communicates and that failure to do so will result in my child not being able to compete at the respective meet.

**I understand** that if my child will not continue to participate with ASC's program, I must send notice by e-mail to the ASC Administration at **asc\_adm@hotmail.com** by the 25th day of my child's last month of participation and that failure to send notice, or any notice sent after the 25th day of my child's last month of participation, will result in the following month's fees being charged, regardless of attendance.

**I understand** that if my child does not continue to swim with ASC, I must pay any outstanding balance on my account before withdrawing.

**I understand** that if there is an outstanding balance on my account, ASC has the right to contact me through the following methods: call/text, e-mail, and postal mail.

**I understand** that if contact is made and ASC receives no response and/or payment, ASC has the right to submit legal action in order to collect any and all outstanding balances on my account.

**I understand** that a photocopy of this document is as valid as the original.

**I understand** that any policies or procedures implemented/changes by Atlantis Swimming Club after I sign this document will also apply to me and my child(ren).

**I hereby** grant permission for my child to participate in Atlantis Swimming Club and agree to indemnify and hold harmless Atlantis Swimming Club and its officers, agents, employees, volunteers, any community organization co-sponsoring the program, RSC Foundation, USA Swimming, and Florida Gold Coast Swimming from and against any and all liabilities for any injury which may be suffered by my child arising out of or in any way connected with his/her participation in the program named above, including, but not limited to losses or liabilities arising out of the acts or omissions of the Atlantis Swimming Club or its officers, agents, employees, volunteer help, and community organization co-sponsoring the program, RSC Foundation, USA Swimming and Florida Gold Coast Swimming.

By signing this form, **I certify** that the information provided by me is accurate to the best of my knowledge and that I have read, understood, and agreed to all of the above policies and that any questions concerning these policies have been discussed with me. If any of the information I provided should change during my child's membership with ASC, **I certify** that I will inform them as soon as possible.

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date